ป 8 รู้อี่ที่artment of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E MAN	
1 File Number U 9972	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name GERALD J BYRNE	Name Local #9 1Bew
·	Labor Organization File Number 0/5 9/9
PO Box Bidg Room No If any PM 330	PO Box Building and Room Number if any RM1330
Street 4415 W HARRISON ST	Street 4415 W HARRISON
City HILLSIDE	City HILLBIDE
State TLL/NO15 ZIP Code + 4 60/62	State ZIP Code + 4 60/62
5 Position in labor organization	
Enter appropriate data below if during the past fiscal year you or your spot (except as specified in the exclu	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions)
A Held an interest in engaged in transactions (including loans) with or of monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
Name	
Trade Name if any	
PO Box Bldg Room No If any	
	7 b Amount.
Street	
City	
State ZIP Code + 4	
Sign	ature
15 Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned s knowledge and belief true correct and complete (See the sec	ng documents) has been examined by the signatory and is to the best of the

Date

9000

Telephone Number

6 7 T b

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Name of Person Filing GEARLD J BYRNE		File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) is substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Kelly Mythrell Trade Name if any Qualified Plans Constitut PO Box Bidg Room No if any Street 3013 S Wold Rd City West chesten State AL ZIP Code + 4 60134	9 Business deals with a Labor Organiza b Trust c Employer	tion	
10 If 9 b or 9 c is checked give trust or employer's name Name LINE Clearance Beili Enail Trade Name if any TIC Interner, IONA PO Box Bldg Room No if any	11 a Nature of such deals HEALTH & W.		BONSU CLANT
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State M. I ZIP Code + 4 48917	12/13/0		
	12 b Amount		Apra 56000
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	-	
Name			
Trade Name If any			
P O Box Bldg Room No If any Street			
City			
State ZIP Code + 4			
13 b is the Business an Employer or Consultant ?	14 b Amount of payment		

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Name of Person Filing GERALD BYEN	E	File Number U
B Held an interest in or derived income or economic benefit with substantial part of which consists of buying from selling or leasing of an employer whose employees your labor organization repres (2) any part of which consists of buying from or selling or leasing dealing with your labor organization or with a trust in which your labor.	ig to or otherwise dealing with the bu- ents or is actively seeking to represen directly or indirectly to or otherwise	siness
8 Name and address of Business (including trade name if any) Name Gold Berg, Weister, and Contrade Name if any Trade Name if any PO Box Bldg Room No if any 34th Flore Street ONP FAST WACKER DR. 3 City Chichgo State Till ZIP Code + 4 66	a Labor Org. b Trust c Employer	
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Name of Person Filing GERALD J ByANE		File Number U		
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8 Name and address of Business (including trade name if any) Name Gold Ref., Weish >> 4 Cairo, tra Trade Name if any PO Box Bidg Room No if any 3 4 th 100 p. Street DNe 1 AST WACKER DR 34 th Floor City Chicago State TLL ZIP Code + 4 60601	9 Business deals with a Labor Organizat b Trust c Employer	eion		
Name FREW LOCKS Trade Name if any PO Box Bldg Room No if any 230 Street LIIIS W, MARKET COLOR City Hillside State TL ZIP Code + 4 60192	11 b Approximate dollar value 12 a Nature of interest held Spon Sca	LAN REPRESENTS DY LABOR DROWNIZATION MAINS COMP CASES OF such dealing WNKNOWN		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
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Name Robert 6. Fitzgerald	Ton Mytothey	
	11 b Approximate doll ir value of such dealing	
12 4 1440	re of interest held or income received	
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or from any labor relations consultant to an employer any payment of money or other thin 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZiP Code + 4	re of payment	
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8 Name and address of Business (including trade name if any) Name CIVERA HOTEL & SPA Trade Name if any PO Box Bidg Room No if any Street 1600 N. INDIAN CANYON DR City PALM SPRINGS State CALIFORNIA ZIP Code + 4 922 62	9 Business deals with a Labor Organiza b Trust c Employer			
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8 Name and address of Business (including trade name if any) Name MIBLE States Elec Cont ASS. Trade Name if any P O Box Bldg Room No if any Street 245 Fencl Ln City Hills of State EL. ZIP Code +4 60162	9 Business deals with a Labor Organization b Trust c Employer			
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